COPY

COPY

Kotzebue, Alaska,
July 1. 1915.

Mr. Walter H. Johnson
Nome, Alaska.

Dear Mr. Johnson:-

The attached is my banner voucher for board of patients.

Jimmy Brown's case is described in my annual report.

James Beaver's case is too much for me. Please take this account of it to Dr. Newman, and get his advise as to what to do next.

James Beaver is a full blood Eskimo a little past the prime of life. The summer of 1913 he had a sick spell, the nature of which I do not know. During the winter just past he had two or three attacks of hematuria from which he recovered without consulting me.

About the 20th of April he was taken with moderate ~~distress~~ discomfort in region of right kidney, and his urin was heavily loaded with blood. Since then hematuria has been intermittent three to six days intervening between attacks that have been from two to five days in duration. The hemorrhages while not exsanguinating

him, make him pale. In two-to three days considerable color returns to his face. At times he has considerable pain along the course of his rt. ureter. At one time ~~&~~ after pain along the ureter he passed a blood clot several inches long and as large around as a quill. Urin is not increased in amount and there is no frequency of urination.

No gravel or stones have been found in his urin. No crystals in urinary sediment No casts in sediment other than a few blood casts. No tubercle bacilli were found in sediment Most of the leucocytes in sediment were polymorphonuclear. Leucocyte count of blood was 5000+. No concretion was found in bladder with a steel sound. Blood pressure is 180+ when not under the influence of ~~the~~ nitroglycerine.

He is constantly losing ground. Is not particularly emaciated. Looks bad, anaemic and sallow. Pulse regular. Heart and lungs were negative a few weeks before this attack. He is growing weaker day by day.

Since the 21st of April his diet has been one calculated to be non irritating to his

kidneys. Milk, liquids and mush have been the COPY
standbys. For the last 10 days to 2 weeks he has been sitting outdoors in the sunshine much.

I am not onto his case at all. He is going down in spite of me. I am considering putting him back soon on the native diet of fish and save the cost of his board for more hopeful cases.

If he were to be taken to Nome for removal of right kidney, or other treatment that I cannot give him here, transportation would have to be provided for him, and the Bureau of Education would have to maintain him while in Nome. His children are all married His wife is living. His home is in one of the better of the Kotzebue native houses. In fact he is so comfortable in his own home that I have not felt the need of even putting him in the hospital It seems to me that a trip to Nome would not result in any great advantage to him.

Yours very truly

H. H. T. Nichols, M.D.

P.S.
He uses Epsom salts daily to help his bowels move. He has been taken care constantly from the first. He was given urotropin for a time, but for some time it has been discontinued.

COPY